

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: J10-3-001

APPLICANT: Community Receiving Home, Inc.

PROJECT TITLE: Youth Community Preparedness

PROJECT FUNDS :

FUND: \$ 31,721 100.00%
MATCH: \$ 0 0.00%
TOTAL: \$ 31,721 100.00%

PROJECT DURATION: 12 months

START DATE: 04/01/2011

END DATE: 03/31/2012

Continuation of J09-3-001

PROJECT SUMMARY:

A dual component project addressing health education and aftercare. The target population will be current residents in our residential group home and emergency shelter care programs. The population will be comprised of male and females ranging in age of 11-17 with the average being 15-16. Through concentrated health education we will strive to increase knowledge, attitudes and skills to make healthy decisions instead of continuing with risky behaviors. Aftercare will provide a link to establish a successful reintegration to family and community.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION OF
CRIMINAL JUSTICE**

TITLE II (JDP)
FORMULA
BLOCK GRANT
PROGRAM

CFDA #16.540

FOR LCLE USE ONLY:		Project ID: <u>10-3-001</u>		Federal Standard Purpose Area:	
1. TITLE OF PROJECT		2. <input type="checkbox"/> NEW PROJECT			
Youth Community Preparedness		<input checked="" type="checkbox"/> CONTINUATION PROJECT OF J09 - 3 - 001			
3. PROJECT DURATION		4. PROJECT FUNDS			
Total Length: <u>12 Months (Not to exceed 12 Months)</u>		Federal Funds Requested:		<u>\$31,721</u>	
Desired Start Date: <u>4/1/2011</u>					
Desired End Date: <u>3/31/2012</u>					
5A. APPLICANT AGENCY		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY			
Agency Name: <u>Community Receiving Home, Inc.</u>		Authorized Official: <u>Angela Chustz</u>			
Physical Address: <u>6177 Bayou Rapides Road</u>		Title: <u>Executive Director</u>			
City: <u>Alexandria</u> Zip: <u>71303-7725</u>		Agency Name: <u>Community Receiving Home, Inc.</u>			
Mailing Address: <u>PO Box 7997</u>		Address: <u>PO Box 7997</u>			
City: <u>Alexandria</u> Zip: <u>71306-0997</u>		City: <u>Alexandria</u> Zip: <u>71306-</u>			
Phone: <u>(318) 473-0530</u> FAX: <u>(318) 473-8866</u>		Phone: <u>(318) 473-0530</u> FAX: <u>(318) 473-8866</u>			
Email: <u>rhy@renaissancehome.org</u>		Email: <u>angela@renaissancehome.org</u>			
Federal Employer Tax Id #: <u>72-0740957</u>		DUNS: <u>082498825</u>		CCR/CAGE: <u>57VX4</u> CCR Expiration Date: <u>2/15/2011</u>	
6. IMPLEMENTING AGENCY		7. PROJECT DIRECTOR		8. FINANCIAL OFFICER	
Name: <u>Angela Chustz</u>		Name: <u>Angela Chustz</u>		Name: <u>Kay Lowery</u>	
Title: <u>Executive Director</u>		Title: <u>Executive Director</u>		Title: <u>Financial Officer</u>	
Agency: <u>Community Receiving Home, Inc.</u>		Agency: <u>Community Receiving Home, Inc.</u>		Agency Name: <u>Community Receiving Home, Inc.</u>	
Address: <u>PO Box 7997</u>		Address: <u>PO Box 7997</u>		Address: <u>PO Box 7997</u>	
City: <u>Alexandria</u> Zip: <u>71306-</u>		City: <u>Alexandria</u> Zip: <u>71306-</u>		City: <u>Alexandria</u> Zip: <u>71306-</u>	
Phone: <u>(318) 473-0530</u> FAX: <u>(318) 473-8866</u>		Phone: <u>(318) 473-0530</u> FAX: <u>(318) 473-8866</u>		Phone: <u>(318) 473-0530</u> FAX: <u>(318) 473-8866</u>	
Email: <u>angela@renaissancehome.org</u>		Email: <u>beantown@renaissancehome.org</u>			
9. BRIEF PROJECT DESCRIPTION: <i>(Please do not exceed space provided below.)</i>					
A dual component project addressing health education and aftercare. The target population will be current residents in our residential group home and emergency shelter care programs. The population will be comprised of males and females ranging in age of 11-17 with the average being 15-16.					
Through concentrated health education, we will strive to increase knowledge, attitudes and skills to make healthy decisions instead of continuing with risky behaviors. Aftercare will provide a link to establish a successful reintegration to the family and community.					

LA COMMISSION ON LAW ENFORCEMENT
2010 DEC 15 PM 2:24

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries.

CHECKLIST:

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Each category amount listed in the table below must equal category totals shown on the Budget Sections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Person Completing Budget Section: Kay Lowery Title: Financial Officer
 Phone: (318) 473-0530 Fax: (318) 473-8866 E-Mail: beantown@renaissancehome.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	SECTION TOTAL
Section 100. Personnel	\$31,521
Section 200. Fringe Benefits	\$0
Section 300. Travel	\$0
Section 400. Equipment	\$0
Section 500. Supplies	\$200.00
Section 600. Contractual	\$0
Section 800. Other Direct Costs	\$0
TOTAL	\$31,721

FUNDING HISTORY

	Subgrant Number	Amount	Duration (Months)
Year 1	J09-3-0	\$32,202	12
Year 2	J - -		
Year 3	J - -		
Total		\$32,202	12

CONGRESSIONAL DISTRICT(S) THAT REPRESENT THIS PROJECT

1 2 3 4 5 6 7 All (Statewide Project)

SECTION 100. PERSONNEL

Enter only the Title Position(s) and Individual Name(s) of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL TIME POSITIONS

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$0.00

PART TIME AND/OR OVERTIME EMPLOYEES

POSITION TITLE	EMPLOYEE NAME	FT/OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT
Aftercare	Shaundreka Mitchell	PT	\$15.47	8.00	100.00%	52	6,435.52
Aftercare	Nathaniel Smith	PT	\$15.47	8.00	100.00%	52	6,435.52
Life/Family Skills Counselor	Henry Marsland	PT	\$15.94	22.50	100.00%	52	8,649.80
							\$0.00
							\$0.00
							\$0.00
							\$0.00
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							31,520.84

SECTION 100. PERSONNEL TOTAL 31,520.84

SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN:

- Yes No Are job descriptions for each position attached?
 Yes No Are resumes for each position attached? If not, explain

A) Need for each position shown above; justify need for overtime:
 Aftercare Counselor - Primary focus will be the successful transition home through a formulated reintegration plan. Will ensure that the client and family needs are met and that the client is connected to sufficient community resources.

Life/Family Skills Counselor - Will conduct groups that education clients in the areas of health and wellness (i.e. STD's, HIV/Aids, pregnancy, sexuality, substance abuse and other topics). Group will increase knowledge and improve behaviors.

B) The basis for determining the salary of each position:
 The salary is determined by the pay plan adopted by the governing board of the agency. The basis of which focuses on community norms, i.e. compensation for similar or like positions within the total area.

C) Project duties of each position requested:
 Aftercare Counselor (16 hours weekly)-
 1. Formulate reintegration plan.
 2. Track clients closely for the first 90 days then provide follow up contact at 6 months and 12 months.
 3. Assist with introduction to community resources (i.e. medical, employment and financial).

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. (Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.)

Project Personnel:

Henry Marsland - Life/Family Skills Counselor: Employee originally hired for the position in previous grant on 4/5/10.

Shaundreka Mitchell - Aftercare Counselor: Employee originally hired for this position in the previous grant on 11/1/10.

Nathaniel Smith - Aftercare Counselor: Employee originally hired for this position in the previous grant on 11/1/10.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the community and youth, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of how this project will impact the problem or how the program/practice is a model program/practice.

The goal of this project is to increase awareness of 100 youth concerning their health and well-being and increase healthy behaviors.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program (e.g., recidivism, school discipline referrals, etc.). Identify what will change, when, and by how much. Use absolute numbers, not percentages, and be sure to include a baseline number.

Objective 1:

Increase life skills competency. Clients will take pre and post tests to measure their improvement in life skills. Improvement in their family relations will be measured by positive home notes following visits and family therapy notes. 75 of 100 clients will demonstrate significant life skill competency improvement as measured by the base line (pre-test) and evaluation at release from the program (post-test).

Objective 2:

Reduce recidivism. 90 of 100 clients will not be adjudicated for a delinquent offense.

D. ACTIVITIES

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page complete D-2 Training Projects

1. The Life/Family Skills Counselor will conduct educational group sessions based on the Annie E. Casey Life Skills Curriculum 5 times weekly. Other curriculum related to health education will be utilized.
2. Youth will be pre-tested at admission into the program and post-tested prior to discharge. The pre/post test will cover 9 main areas of life skills education.
3. The Aftercare Counselor shall develop the Reintegration Plan on each youth admitted into the facility.
4. The Aftercare Counselor shall provide follow-up aftercare services for the first 90 days after discharge. Continued follow-up will be conducted at 6 months and 12 months.
5. Program Satisfaction Surveys shall be distributed to youth and their guardians prior to program discharge.

The time period in which these activities shall occur will be 4/1/11 to 3/31/12.

E. METHODS

Identify and describe how you will achieve each of your stated project objectives. Methods must correlate with the stated Goals and Objectives.

1. When will the service be provided (daily, weekly, monthly) and/or what are the hours of operation?

Health education services will be provided by the Life Skills Counselor five times weekly. The Aftercare Counselor will formulate the clients Reintegration Plan upon admission to identify areas of need. Upon discharge the Aftercare Counselor will provide follow-up services for the next 90 days. Follow-up contact will also be made at 6 and 12 months.

2. How are youth referred to and enrolled in the program? (Describe specific procedures.)

Every group home and shelter care client will participate in the program. Group Home clients are referred to Renaissance by the Office of Juvenile Justice. Emergency shelter care clients are referred by the 9th Judicial District Court and the Office of Community Services.

3. For what period of time are youth in the program and how are youth released from the program?

Group Home: Average length of stay is 6-8 months. Youth are recommended for early release by the clinical team. Intake and release is pursuant to the LA Children's Code and Office of Juvenile Justice contract provisions.

Shelter Care: Average length of stay is 45-60 days. Intake and release is pursuant to the LA Children's Code and Office of Community Services contract provisions.

4. Describe the overall project model, format, and/or curriculum.

Renaissance will primarily utilize the Annie E. Casey Life Skills Curriculum. It is a curriculum of learning, assessments and other resources that can be used to help gain the needed life skills to function independently. There are nine (9) domains that are utilized. They are career planning, communication, daily living, home life, housing, money management, self-care, social relationships, work life and study skills. Other resources will also be utilized to supplement the curriculum.

5. Indicate the source of the program or curriculum. Provide documentation for all projects.

OJJDP Blueprints SAMHSA Other, state:

Name the program/curriculum: Annie E. Casey Life Skills Curriculum

F. PERFORMANCE MEASUREMENTS

Performance indicators/performance measures must include OJJDP's appropriate mandatory (bold) and at least TWO non-mandatory output and outcome indicators as stated in the OJJDP Logic Model. See application instructions. **REMEMBER:** This information will be reflected in the quarterly progress reports and must coincide with project goals and objectives. You can include other performance measurements pertaining to your project that is not included in the OJJDP Logic Model.

Performance Indicators

Output Measurement: #9 - Number of program youth served

Output Measurement: #10 - Number of service hours completed

Output Measurement: #11 - Average length of stay in program

Outcome Measurement: #1 - Number and percent of youth who offended or reoffend

Outcome Measurement: #5 - Number and percent of youth completing program requirements

Outcome Measurement: #3 - Number and percent of youth exhibiting desired change in targeted behavior

Outcome Measurement: #3D - Family relationship

G. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? List the previous subgrant's performance indicators with the actual results of each output and outcome measurement.

Objective 1: Increase life skills competency. 75 of 100 clients will demonstrate significant life skill competency improvement as measured by the base line (pre-test) and evaluation at release from the program (post-test).

Outcome: 49 of 100 youth admitted into group home and shelter have been tested and demonstrated significant improvement in the life skill evaluation pre/post test.

Objective 2: Reduce Recidivism. 90 of 100 youth will not be adjudicated for a delinquent offense.

Outcome: 49 of 100 youth has not been adjudicated for subsequent delinquent offense.

Performance Measures:

Output Measurement: #9 Number of Program Youth Served - 49

Output Measurement: #10 Number of Service Hours Provided - 386

Output Measurement: #11 Average Length of Stay in Program - 153 days

Outcome Measurement: #1 Number of Youth who Offend or Re-Offend - 0

Outcome Measurement: #5 Number and Percent of Youth Completing Program Requirements - 8 youth (18%) of program youth.

Outcome Measurement: #3D Family Relationships - 1) 25 youth (51%) exhibited behavioral change; 2) 49 youth received services

Activities:

1) Life Skills education groups 5 times weekly; 2) Pre/Post testing at admission and release; 3) Develop a reintegration plan on each youth admitted into facility; 4) Provide follow up aftercare for first 90 days with continued follow up at 6 and 12 months.

2. Did the project work as expected? Explain

The project has basically worked as expected. Although we did encounter delays in follow-up with youth due to the employment status of the Aftercare Counselor. The employee who was originally hired for the position was involved an automobile accident. She was unable to be medically released to return to work which contributed to inconsistent aftercare follow-up.

3. Have the original goals and objectives been revised? YES NO

If Yes, describe the revised goals and measurable objectives and include what changes will be made in the continuation of this project. Explain the reason for the revision(s)

H. DEMOGRAPHICS

1. Type of Organization:

Applicant Agency

- Faith-based organization
- Juvenile Justice
- Non-profit community-based organization
- Other community-based organization
- Other government agency
- Police/other law enforcement
- School/Other education
- Unit of Local Government

Implementing Agency

- Faith-based organization
- Juvenile Justice
- Non-profit community-based organization
- Other community-based organization
- Other government agency
- Police/other law enforcement
- School/Other education
- Unit of Local Government

2. Geographical Area:

- Rural Suburban Urban Tribal Statewide

List the physical address(es) where service are provided:

Renaissance Home for Youth |
6177 Bayou Rapides Road
Alexandria, LA 71303

Describe the geographical area that the project serves:

Services will be provided to residents of Renaissance group home and shelter care facility. All services will be provided on site at Renaissance. Renaissance is located on a ten (10) acre tract of land and is comprised of five free standing structures providing for program and administration needs.

If this is a Training Project, STOP HERE and complete D.2 - Training Projects.

3A. Provide an estimated number of how many juveniles will be served. The total amounts under Race and Gender must equal the estimated total juveniles to be served) NOTE: This data below must correlate with the objectives for this application

Youth population is not directly served by this project. This is a system improvement typed project.

Estimated Total Juveniles To Be Served	Age Range	Race					Native American		Gender	
		White	Black	Hispanic	Asian	Other	Male	Female		
100	11 - 17	40	60					55	45	

3B. Primary Status of Juveniles to be served (check all that apply):

Justice Related Criteria		Other	
<input checked="" type="checkbox"/> At-Risk Population (no prior offense)	<input type="checkbox"/> Sex Offenders	<input checked="" type="checkbox"/> Mental Health	
<input checked="" type="checkbox"/> First Time Offenders	<input checked="" type="checkbox"/> Status Offenders	<input checked="" type="checkbox"/> Substance Abuse	
<input checked="" type="checkbox"/> Repeat Offenders	<input type="checkbox"/> Violent Offenders	<input checked="" type="checkbox"/> Truant/Dropout	

J. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

- 1 From whom will the data be collected – what is the source?

The Life Skills Counselor and After Care Counselor will compile and enter demographic data and clinical data into the Renaissance computer database for all participants of the program.

- 2 When will the data be collected?

Data will be compiled and entered on an ongoing basis with quarterly and annual reporting that conforms to the grant cycle.

- 3 Who will collect and analyze the data?

Life Skills Counselor and Aftercare Counselor

- 4 Following evaluation of the project, who and how will updating or revising of the project's strategy be accomplished?

The project director along with the Life Skills Counselor and Aftercare Counselor will review and identify the strengths and areas of the grant that may require revision.

- 5 Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc

Quarterly reports will be disseminated to Red River Delta Law Enforcement Planning Council and the LA Commission on Law Enforcement on a quarterly basis. Annual reports will be given on program statistics and progress to the Renaissance Board of Directors, 9th Judicial District Court Juvenile Judge and other parties as may be required under the grant guidelines.

K. COLLABORATION AND/OR PARTICIPATING AGENCIES

Describe how the project activities will be coordinated with other juvenile justice system agencies and providers in the community. A letter of support from the local Children & Youth Planning Board or other stakeholder collaborative is strongly recommended.

There are no collaborators or consultants funded by this grant. Most clients participating in this program will be juveniles in the custody of the Office of Juvenile Justice.

Name the key leaders who are supportive of this project and describe their contributions to this project. Attach original, current letters of support and/or written cooperative agreements identifying gaps in services, and indicating awareness and cooperation with this project.

Judge Patricia Koch - 9th Judicial District Court
Johnny Qualls, Regional Manager - Office of Juvenile Justice (Region 7)

Both leaders are the primary source of referrals for Renaissance. They are invested in having a wide range of services available to youth and families.

L. RESOURCES

Describe the facilities and additional resources available to the subgrantee for the project. Include the physical facility(ies), where service is provided. If applicable, list other resources available to project, i.e., equipment, supplies, staff, and/or volunteers.

The Renaissance facilities, including the girls and boys group homes and new education facility, offers adequate space to conduct the activities outlined in the proposal. The new education facility is an 8400 sq ft facility with adequate classroom and meeting room space. There is a room dedicated for the purpose of life skill instruction.

Computer equipment and other resources are available for this project.

M. CONTINUATION OF PROGRAM

YES NO Do you plan to continue this project at the conclusion of federal support?
Since continued JDP funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of federal support.

Alternative sources of funding will be sought from local, state and federal agencies. Renaissance will absorb financial responsibility for this program if other sources are not utilized.

N. AUDIT REQUIREMENTS

All applicants must check one.

This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:

1. Date of last audit:
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

Kathy Guidry

From: Kathy Guidry
Sent: Friday, January 28, 2011 2:46 PM
To: Ken Walker; 'Sybil Richards'; 'Jeremy Edwards'
Subject: RE: J10-3-001, Community Receiving Home, Inc., Youth Community Preparedness
Attachments: J10-3-001 PMT.pdf

sorry forgot to attach PMT kat

From: Kathy Guidry
Sent: Friday, January 28, 2011 2:19 PM
To: Ken Walker; 'Sybil Richards'; 'Jeremy Edwards'
Subject: J10-3-001, Community Receiving Home, Inc., Youth Community Preparedness

Ms. Angela Chustz
Community Receiving Home, Inc.
c/o Red River Delta LEPD, Inc.
615 Main St.
Pineville, LA 71360-6935

Re: J10-3-001, Youth Community Preparedness

Dear Ms. Chustz:

This office has received the above application. This application will be presented to the JJDP Advisory Board and Louisiana Commission on Law Enforcement at **10:00 a.m. on Wednesday and Thursday, February 23 & 24, 2011** respectively. **A representative of this project must attend both meetings.** The meeting will be at the **Belle of Baton Rouge Hotel, 102 France Street in Baton Rouge.** If you need hotel accommodations, you can contact the hotel at 1-800-266-2692 or direct 225-378-6174. Please reference the Louisiana Commission on Law Enforcement group block. The room rate is \$101 single/double occupancy plus tax.

Based on the preliminary review of the referenced application, the following issues need to be addressed and/or resolved. Additional issues may arise between the agency review process and the Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the award process.

1. Pg. 1 –
 - a. Verification of the DUNS and CCR/NCAGE numbers, the expiration date for the CCR/NCAGE is January 13, 2012. This has been changed for you.
 - b. The correct zip code+4 for the street address is 71303-7725 and 71206-0997 for the post office box. This information has been inserted for you. Please correct your copy.
 - c. #3 – Project Duration – A Subgrant Adjustment Request for your previous project, J09-3-001, was approved to extend the project end date to June 30, 2011. Therefore, the project period for this application must be adjusted to July 1, 2011 to June 30, 2012. Please be advised that no request to extend this project period will be allowed due the Federal end date.
2. Pg. 4 Section 100. Personnel (c) – The project duties for the Life/Family Skills Counselor were not included.

3. Pg. 14, A. Problem Definition – You must provide current valid local data or state data, if local data is not available, to support the continuation of this project. The previous application had more current data than what is stated in this application.
4. Pg. 16, E. Methods #1 – Please state the hours the services are provided.
5. Pg. 19, F. Performance Measurements – Please refer to the attached OJJDP’s Aftercare/Reentry PMT Chart, which has been revised. Please adjust outcome measurement #1 to state either offend or reoffend (or list both separately if applicable) and combine #3 and #3d to be the same. You need to include at least one more non-mandatory outcome measurement.
6. Pg. 23, J. Evaluation and Dissemination of Reporting – You must include when expenditures reports will be submitted to LCLE.
7. Pg. 24, K. Collaboration and/or Participating Agencies – Current letters of support from each agency listed is needed.

Please MAIL ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by **February 11, 2011**. Please contact me at (225) 342-1829 or kathy.guidry@lcle.la.gov if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry

Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor
PO Box 3133
Baton Rouge, LA 70821-3133
P: (225) 342-1829
C: (225) 241-5978
F: (225) 342-1846
Email: kathy.guidry@lcle.la.gov

REGISTRATION IS OPEN!!

APRIL 27-29, 2011

www.lajuvenilejustice.org

*31ST GOVERNOR'S CONFERENCE ON
JUVENILE JUSTICE & DELINQUENCY PREVENTION
NEW ORLEANS, LA*